FILFD MAR	₹ 25 1950		DIVISION OF HE			_		8	601
		STAI	NDARD CERTIF	IÇATE O	F DEATH	State	File No		
BIRTH NO		REG. DI	IST. NO. 149	PRIMARY REG.	DIST. NO.	/002 Regis	irar's No	<u> 113</u>	<u>U</u>
1. PLACE OF DEA a. COUNTY	<b>тн</b> Jackson			a. STATE	RESIDENC Misson	1	ed. If lost NTY	Jackso	dence befo admission
b. CITY (If octaids oor OR TOWN Kansas	-	URAL and g	ive c. LENGTH OF STAY (in this place) unknown	c. CITY (II a OR TOWN	wiside corporate Kansas	limite, write RURAL an	d give town	hip)	1d X
d. FULL NAME OF a		spital	re street address or location) No. 1	d. STREET ADDRESS		runi, sive location) 8014 Monroe		38	50
3. NAME OF DECEASED	a. (First)	<del></del>	b. (Middle)	c. (La	st)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Obie		Lee		avis	OF DEATH	3	10	50
male) 6.	color of race	7. MARRI WIDOW div	ED, NEVER MARRIED, /ED, DIVORCED (Byedly) /Orced	8. DATE OF B	1874	9. AGE (In year last birthday)	Months		UNCER M HES.
0a. USUAL OCCUPATIO done during most of workin general lai	g life, even if retired)	1 -	o of Business of in- DUSTRY Factory	J1. BIRTHPLA	CE (State or for	y, Missouri	Ö	12. CITIZE COUNTR U • S	NOFWHA
a. FATHER'S NAME		1:	36. MOTHER'S MAIDEN			NAME OF HUSBANI	OR WIF		
unknown			unknown -	1===========					
5. WAS DECEASED EVERYOR, no. or unknown) (III	R IN U.S. ARMED yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. Unknown	1		Moberly,			DRESS
8. CAUSE OF DEATH				ERTIFICAT		MODELTA	MIDDO	I INTERVAL	L BETWEEN
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DEA	лн• <sub>(a)</sub> <u>Cardiac</u>	hypertro	ophy and	dilatation	n	ONSET A	ND DEATH
*This does not mean the mode of dying, such	ANTECEDENT CA		ing DUE TO (b) Art	erioscle	osis		- J		:
ns heart failure; asthenia; ctc. It means the dis-	rise to the above of the underlying out	ause (a) stat use last.	DUE TO (c)	itografija	:	\ L	1500		**,* <u>*</u> .
ion which caused death.	njury, w compane-								
	Conditions contributing to the death but not related to the disease or condition causing death. Arteriolar nephrosclerosis							}	
19a. DATE OF OPERA-	19b. MAJOR FINI			•		•		20. AUTO	
IIa. ACCIDENT SUICIDE HOMICIDE	(Bpecify)		OFINIURY (s.g., in or about actory, street, office bldg., etc.)	21c. (CITY, TO	WN, OR TOW	NSHIP) (CC	י לאַדאַאַ	(ST	ATE)
IId. TIME (Mouth) OF INJURY	(Day) (Year) (	,	Ie. INJURY OCCURRED HILE AT NOT WHILE WORK AT WORK	21f. HOW DID	INJURY OCC	UR1		•	
2. I hereby certify to alive on March	hat I attended t	he decease	ed from March	6 <u>, 19 50,</u> 12:10Am.	to <u>Marcl</u> from the co	h 10, 1950, t	hat I las ate states	i saw the i above.	decease
	Wm. W. Ha		(Degree or title)	23b. ADDRESS		n!l Hosp	,		E SIGNED
TION, REMOVAL COMME	3-12-	. 1	24c. NAME OF CEMETER	Y OR CREMATO	DRY 246.	LOCATION (CHy, LOV	n, er egen lle	me	(State)
DATE REC'D BY LOCAL	<del></del>	<del></del>		25. FUNERAL	DIRECTOR	8 SI CHATURE	AL	DRESS	
3-11-50	Deral	<u>edin</u>	2 Holmes	Pa	tton)	<u> Aumerali</u>	Homo	Hu	ntsui
			(Licensed Embelmer's	Statement on Re	verae Side)			-	mo.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate v	vas embalu	ned by me, or by
	Student	Embalger	#o
working under my personal supervision.			•.

Student Embalmer

Student Embalmer

Signed Baul J. Batton

Licensed Embalmer No. 4095

P. O. Address Huntowille me Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.